



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26414		2. Exact name of the Corporation Narragansett Gun Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Shooting and gun club			
4. NAICS Code 813319					
6. Principal Office Address 1551 Centreville Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Crothers			Vice-President Name Richard Cheetham		
Street Address c/o 541 Austin Farm Road			Street Address c/o 541 Austin Farm Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name G. John Gazerro, Jr.			Treasurer Name Keith Fine		
Street Address c/o 541 Austin Farm Road			Street Address c/o 541 Austin Farm Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joyce Morris			Director Name Ron Fasula		
Street Address c/o 541 Austin Farm Road			Street Address c/o 541 Austin Farm Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Philippe Van Couyghem			Director Name		
Street Address c/o 541 Austin Farm Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative KEITH FINE				Date 6/15/17	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 22 2017

FORM 631 - Revised: 05/2017

BY

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